The kit to make a hit

Over the last three years, new laws have enabled services to supply the core components of injecting paraphernalia. Yet there are still barriers to overcome to ensure equipment is supplied and used properly. **Jenny Scott** reports

In 1986, there was concern in the UK, particularly London, about dealers making money from selling drug taking kits. As a consequence, the Misuse of Drugs Act was amended to make it illegal to supply or sell equipment that facilitated 'the unlawful preparation or administration of a controlled drug'.

Although needles and syringes were made exempt to permit needle exchange schemes, 'injecting paraphernalia' – the collective term for equipment used by injecting drug users (IDUs) to prepare illicit drugs for injection – was not.

Nine in ten agencies are giving out at least one item of paraphernalia

EXTRAS

Paraphernalia includes water (used as a vehicle for the drug), acids such as citric acid or ascorbic acid (which dissolve the drug), mixing containers such as spoons, lighters used to heat the mixture (heat speeds up the dissolving process) and filters used to remove insoluble particles (which can block the needle and veins). Paraphernalia also comprises alcohol swabs, tourniquets and of course needles and syringes.

In countries such as the USA and Australia, IDUs do not need to use acids when preparing as the street drugs tend to be in chemical forms, called 'salts', that are very soluble. However, in the UK and Europe, drugs like heroin and crack cocaine are not in salt form. Instead they tend to be in 'base' form. Chemically bases don't dissolve easily in water, but if they are mixed with an acid they become soluble like salts.

Despite the 1986 law, a number of needle exchanges continued to supply paraphernalia, especially swabs, around the country. Some had local agreements, known as 'letters of comfort', in place with the police and their local DAT, which meant they were unlikely to be prosecuted for handing out equipment.

HEP C

After hepatitis C was identified and the extent of the epidemic unfolded, questions were asked about why the virus was so prevalent despite needle exchange. One of the main reasons attributed was that it had existed undiscovered before the setting up of needle exchange. A paper in the American Journal of Public Health in 2001 suggested a link between sharing cookers and filters and hepatitis C transmission. The following year a further American study supported this – sparking growing concern in the UK around laws which banned the supply of paraphernalia.

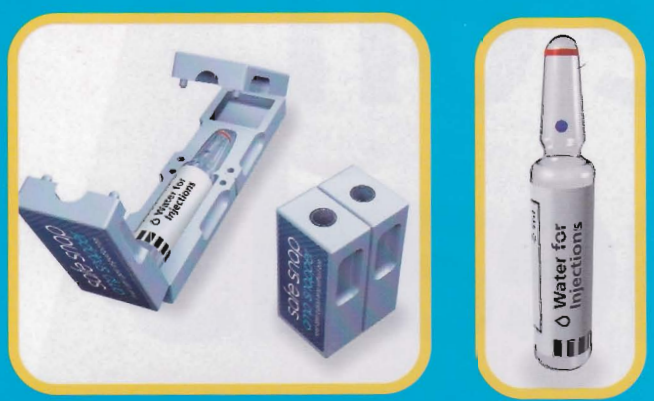
The social nature of injecting means that contaminated injecting paraphernalia is a risk for many IDUs, unless they have all their own equipment, including their own water which they do not allow anyone or any syringe other than their own to come in contact with. As sharing paraphernalia is a likely risk factor for hepatitis C, supplying clean paraphernalia should deter sharing. In theory this will reduce transmission rates, just as needle exchange has done with HIV. But research is needed on the impact of paraphernalia supply on hepatitis C.

NEW LAWS

After significant campaigning by many activist groups, an enquiry by the ACMD and consultation by the Home Office, in August 2003 the law was changed. This allowed doctors, pharmacists and drugs workers to supply IDUs with swabs, sterile water, spoons, cups and citric acid, for harm reduction purposes. In June 2005 water for injection ampoules not exceeding 2ml were taken off the 'prescription only medicine' list, allowing supply of injectable water without a prescription by people engaged in providing drug treatment. In November last year ascorbic acid was allowed as an alternative to citric acid.

In 2005 we did a survey of needle exchange agencies which found that most had taken advantage of the new law. Nine in ten agencies are giving out at least one item of paraphernalia, most commonly swabs (83 per cent). Two thirds give out sterile citric acid sachets and a further 14 per cent supply citric acid as a loose powder.

A survey we carried out among needle exchange pharmacies in the south west in 2004 found 34 per cent supplied one or more items of paraphernalia



and 31 per cent supplied citric acid. Research in Scotland has shown that supplying paraphernalia, in this case citric acid sachets, increases the numbers of IDUs accessing services. However, they also found that some IDUs were using excessive quantities of acid.

WORK TO BE DONE

At present there is a difficulty implementing the supply of water for injection to reduce harm because no suitable product exists. The volume supplied needs to be single use to prevent sharing and the ampoules should be plastic – glass ampoules carry the risk of cuts and bleeding. This is of particular concern in the context of hepatitis C and groups of injectors using together. Ampoule cutters are a temporary solution until a suitable product gets a license. Some items are noticeably missing from the law changes – tourniquets, crack pipes and foil for example.

Funding appears to be a large barrier to implementation. This was reported in our agency survey as the single biggest reason for not supplying a greater range of equipment. It is questionable how beneficial it can be to only supply one item. The 'don't share anything' message is surely diluted by the supply of only one or two of the items that are needed in the preparation process.

The law changes make paraphernalia a commercially viable option for manufacturers. This means instead of supplying 'household items', such as packed down citric acid or cigarette filters, needle exchanges can obtain paraphernalia that has been designed specifically for the purpose of injecting. For example, sachets of citric acid that contain enough citric to dissolve an average £20 bag of heroin, but not enough to encourage sharing. These sachets are also sterilised, so cannot themselves introduce bacteria and other sources of infection into the injection. Future research and development could focus on developing more appropriate equipment and measuring the health outcomes from its use.

INDIRECT SHARING

Paraphernalia supply in itself is probably not enough to change behaviour, although it is obviously necessary in order to do so. Advice must accompany supply, in order to hep IDUs understand risks and how to reduce them.

It is my view that the biggest challenge in limiting the spread through paraphernalia supply is to change what a study of injecting behaviour by Paisley University's Professor Avril Taylor's calls 'indirect sharing'. This is where drug users prepare their hits in groups and water, for example is in a communal vessel, filters are passed round and equipment easily mixed up. Sharing has come in the view of many IDUs to mean 'using someone else's needles or passing yours on'. We need to work hard to widen this out and get across a better understanding of the meaning and risks of sharing.

In summary, paraphernalia supply has come a long way in 20 years. We can now supply all the core components of the injection preparation process. However there is some way to go before IDUs fully gain all the benefits. Paraphernalia needs to be better studied to demonstrate health outcomes and guide choice, funding needs to be made available to avoid agencies having to choose one or two items, and effective ways to promote proper use and change IDU sharing behaviour need to be developed in order to prevent any item being shared. This is key if we are to combat the spread of hepatitis C. ●

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Images: Exchange Supplies

OFF THE MENU

Mike Linnell of Lifeline on the illegal harm reduction 'pizza box'

In 2001 we embarked on a project to tackle the issue of sharing amongst homeless people in shooting galleries. We devised a small, pizza-style cardboard box for daily pick-up that would act as a 'clean space' for cooking up and preparing drugs for injection. Inside it was all our usual equipment with the addition of heroin cookers (imported from France), the best tourniquet we could find (imported from Germany) along with matches and a candle.

We were threatened with prosecution if we gave out the box, the cookers and even the matches. The resultant furore ended with section 9a being amended in 2003 to allow some of the items we had been providing to be given out legally – but bizarrely omitted tourniquets and did not allow for the development of any new ways of responding to BBV's or changing patterns of drug use. As far as we are aware it is still illegal for needle exchanges to give out matches.